

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/		/				51				
2		/		/			52				
3		/		/			53				
4		/		/			54				
5	/		/				55				
6		/		/			56				
7		/		/			57				
8		/		/			58				
9		0		/			59				
10		0		/			60				
11		0		/			61				
12	/			/			62				
13		0		0			63				
14		0		0			64				
15		0		0			65				
16		0		0			66				
17		/	/				67				
18		0		/			68				
19		0		0			69				
20		0		0			70				
21							71				
22							72				
23							73				
24							74				
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38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.			3				TOTAL IND.				
TOTAL DEP.			17				TOTAL DEP.				
TOTAL CLAIMS			20				TOTAL CLAIMS				